

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:

2. STATE:

0 1 -- 0 0 3

MAINE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE(S)

2/01/2001

5. TYPE OF PLAN MATERIAL (CHECK ONE):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
SUPPLEMENT 1 TO ATTACHMENT 2.6-A, PGS 1B, 2,3,4,5,6 AND

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable): SUPPLEMENT 1 TO
ATTACHMENT 2.6-A, PGS 1B, 2,3,4,5,6

10. SUBJECT OF AMENDMENT:
2001 FEDERAL POVERTY LEVELS

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED
COMMISSIONER, DEPT. OF HUMAN SERVICES

SIGNATURE OF STATE AGENCY OFFICIAL:

Kevin W. Concannon

13. TYPED NAME:

Kevin W. Concannon

14. TITLE:

Commissioner, Maine Department of Human Services

15. DATE SUBMITTED:

March 23, 2001

16. RETURN TO:

Eugene Gessow
Director, Bureau of Medical Services
#11 State House Station
Togus Complex
Augusta, ME 04333-0011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
March 29, 2001

18. DATE APPROVED:
June 14, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

February 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

Ronald Preston

21. TYPED NAME:

Ronald Preston

22. TITLE Associate Regional Administrator,
DMSO

23. REMARKS

State reports a federal budget impact of approximately \$84,000.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective February 1, 1998, based on the following percent of the official Federal income poverty level--

☐ 133 percent ☒ 185% percent (no more than 185 percent)
(specify)

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$1,325</u>
<u>2</u>	<u>\$1,790</u>
<u>3</u>	<u>\$2,256</u>
<u>4</u>	<u>\$2,722</u>
<u>5</u>	<u>\$3,187</u>

Add \$466 for each added member

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. Children under Section 1902(a)(10)(i)(IV) of the Act who have attained age 1 but not attained age 6:

Effective February 1, 1998 based on 133 percent of the official Federal income poverty level.

<u>Family Size</u>	<u>Income Level</u>
1	\$ 953
2	\$1,287
3	\$1,622
4	\$1,957
5	\$2,291

Add \$335 for each added member

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO
FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The level for determining income eligibility for optional groups of pregnant women and infants under the provisions of section 1902(a)(10)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on _____ percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

<u>Family Size</u>	<u>100% FPL Income Level</u>	<u>133% FPL Income Level</u>	<u>185% FPL Income Level</u>
<u>1</u>	<u>\$716</u>	<u>\$953</u>	<u>\$1,325</u>
<u>2</u>	<u>\$968</u>	<u>\$1,287</u>	<u>\$1,790</u>
<u>3</u>	<u>\$1,220</u>	<u>\$1,622</u>	<u>\$2,256</u>
<u>4</u>	<u>\$1,471</u>	<u>\$1,957</u>	<u>\$2,722</u>
<u>5</u>	<u>\$1,723</u>	<u>\$2,291</u>	<u>\$3,187</u>
Each Added Member	<u>252</u>	<u>335</u>	<u>466</u>

Based on 185% FPL for pregnant women and infants

Based on 133% FPL for children age 1 up to age 6

Based on 100% FPL for children born after 9/30/98 who have attained age 6 but have not attained age 19

Please refer to Supplement 8a to Attachment 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. Children Between Ages 6 and 19

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 19 years of age under the provisions of section 1902(1)(2) of the Act are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	<u>\$ 716</u>
<u>2</u>	<u>\$ 968</u>
<u>3</u>	<u>\$1,220</u>
<u>4</u>	<u>\$1,471</u>
<u>5</u>	<u>\$1,723</u>
<u>6</u>	<u>\$1,975</u>
<u>7</u>	<u>\$2,226</u>
<u>8</u>	<u>\$2,478</u>
<u>9</u>	<u>\$2,730</u>
<u>10</u>	<u>\$2,982</u>

Each Added Member \$252

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Please refer to Supplement 8a to Attachment 2.6A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on 100% percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
1	\$ 716
2	\$ 968
3	\$1,220
4	\$1,471
5	\$1,723
Each Added Member	\$252

Please refer to Supplement 8a to Attachment 2.6A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(P)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989: ☐ 85 percent ☐ _____ percent (no more than 100(

Eff. Jan. 1, 1990: ☐ 90 percent ☐ _____ percent (no more than 100(

Eff. Jan. 1, 1991: 100 percent

Eff. Jan. 1, 1992: 100 percent

b. Levels:

Family Size

Income Levels

1

\$ 716

2

\$ 968

Please refer to Supplement 8a to Attachment 2.6-A

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